PAYROLL NAME/ADDRESS CHANGE FORM

Southwest Virginia Community College

PO Box SVCC, Richlands, VA 24641

Agency Code: 294

Please make the indicated change(s): ☐ **Address** ☐ **Name Change**

CHANGE IN NAME/ADDRESS FOR: _____

(name)

Employee Number: **00-**_____

EMPLID: _____

Please provide both numbers for identification purposes.

Reminder to employee: If you have any payroll deductions, it is your responsibility to contact those vendors to change your contact information. Due to privacy laws, HR cannot contact them on your behalf.

NAME CHANGE *(must provide a copy of Social Security Card)*

From _____

To _____

ADDRESS CHANGE

From _____

_____

To _____

_____

EMPLOYEE SIGNATURE _____

DATE _____

OFFICE USE ONLY:

Date Received _____ **Date Changed** _____

Revised Feb. 2013